



Student Enrollment and Training Completion Form

Student Contact and Insurance Information

* FIRST NAME	MIDDLE INITIAL	* LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	* DATE OF BIRTH (MM/DD/YYYY)
* STREET ADDRESS OR PO BOX (LINE 1)			ADDRESS (LINE 2)	
* CITY	STATE/DISTRICT/PROVINCE	ZIP/POSTAL CODE	* COUNTRY	
MOBILE PHONE NUMBER		HOME PHONE NUMBER		
BUSINESS PHONE NUMBER		* E-MAIL ADDRESS		
DIVING MEDICAL INSURANCE CARRIER (I.E., DAN, DIVE ASSURE, ETC.)		POLICY NUMBER	EXPIRATION DATE	

Emergency Contact Information

* FIRST NAME	MIDDLE INITIAL	* LAST NAME	<input type="checkbox"/> PARENT <input type="checkbox"/> CHILD	<input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING	<input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER
* STREET ADDRESS OR PO BOX (LINE 1)			ADDRESS (LINE 2)		
* CITY	STATE/DISTRICT/PROVINCE	ZIP/POSTAL CODE	* COUNTRY		
MOBILE PHONE NUMBER		HOME PHONE NUMBER			

Prior Training and Experience

Highest Current Level of	Agency	Total Dives (Approximate)
Recreational Diver Certification:		Total Recreational Dives:
Technical Diver Certification:		Total Technical Dives:
Prior Cave Diver Training:		Total Cave Dives:

Do not write below this line until the completion of training and you are told to do so by your instructor

Student Statement

By signing where indicated below, you acknowledge that:

- You understand the limits of your current level of training and agree to remain within these limits until you gain further training.
- You further agree to plan dives which remain within the limits of the *least-qualified* team member.
- You agree before diving you will inspect your equipment to verify you have everything you will need, that you know the content of the gas mixes you will use and the limitations of each, and that your equipment is in proper working order.

Signature: _____ Date: _____

Instructors: By the end of the course, you will need to create at least two copies of this form, signed by both you and your student. One of these forms is for your records; the other is to be given to the student along with his or her temporary Training Completion card. Although online student registrations are preferred, you can also register students by making a third copy of this signed form and submitting it to the NSS-CDS Business Manager, along with payment.

Instructor Statement

By signing below, I attest to the fact the student whose name appears above has met all NSS-CDS requirements for the level of training indicated. Additionally I authorize the NSS-CDS to issue a Training Completion Card to the student named above (if so indicated) and understand that I must maintain a signed copy of all waiver, medical and student registration forms.

Signature: _____ Date: _____

INSTRUCTOR NAME		NUMBER
TRAINING LEVEL		
COURSE STARTING DATE	COURSE COMPLETION DATE	COMPLETED USING: <input type="checkbox"/> Backmount <input type="checkbox"/> Sidemount
TRAINING LOCATION		WHERE DOES IT GO? <input type="checkbox"/> Send Card to Student <input type="checkbox"/> Send Card to Instructor